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SOCIAL PROTECTION FOR GIRLS
In 2018, UNICEF underwent a mid-term review (MTR) of its current five-year country programme (2016–2020). Through this process, we took stock of progress and challenges, which provided us with the basis to make strategic adjustments that will strengthen how we tackle the needs of Uganda’s disadvantaged children and help them realize their rights.

The Government of Uganda has made considerable progress in improving the survival and well-being of its children, but critical sectors like education, newborn survival, nutrition, immunization, sanitation and hygiene – where the pace of improvement is slowing down – require urgent attention. Gains in poverty reduction have also been reversed.

Across all our programmes, the challenges to progress are broadly similar: the increasing demands of a rapidly growing population, the impact of refugee flows, disease outbreaks and climate change, all within a context of moderate economic growth, stagnant budget allocations and strained capacities to plan and deliver essential social services.

However, UNICEF is well positioned to break down the barriers that continue to deprive children of their basic rights and thwart their potential. Our programmes in health, nutrition, HIV/AIDS, education, child protection, water, sanitation and hygiene, and social protection are underpinned by a strategic approach that emphasizes systems strengthening; advocacy and public engagement; strategic partnerships; working closely with the private sector and sister UN agencies; and fostering innovations – with complementary investments in the enabling environment, including strengthening data and evidence on children; child services delivery; and community mobilization.

UNICEF also integrated the life cycle approaches into its programming, with a particular focus on the first two decades of life – early childhood and adolescence – as well as development and emergency assistance.

In 2018 – as the following pages illustrate – our focused and strategic drive to deliver better and faster results for children in Uganda bore fruit.

We hope our readers will be inspired and that we will collectively continue to make Uganda a country fit for all children.
WE HOPE OUR READERS WILL BE INSPIRED AND THAT WE WILL COLLECTIVELY CONTINUE TO MAKE UGANDA A COUNTRY FIT FOR ALL CHILDREN.”
Key results 2018

**HEALTH**

612,000 / 251,000
Children reached with Rota1 and Rota2 vaccination.

>500,000
Children, adolescents and adults reached with information on how to prevent Ebola in 22 high-risk districts.

**EDUCATION**

350,000
Children reached with comprehensive ECD services in 7,450 ECD centres.

**HIV/AIDS**

553
With support from UNICEF and other partners, facilities providing ART for children in 37 UNICEF supported districts, up from 501 in 2017.

**UN WORKING TOGETHER**

Spotlight Initiative
An intervention to strengthen district protection systems for the prevention and response to violence against children, developed in partnership with the Resident Coordinator’s Office, UNFPA, UNDP, UNWomen and UNHCR.

**FOSTERING INNOVATIONS**

6,000
Adolescents who were able to gain knowledge of science, technology, engineering and maths (STEM) subjects and life skills through the Kolibri digital learning platform.

**WATER, SANITATION AND HYGIENE**

167
Villages declared and certified open defecation free (against the annual target of 150).

1 million
Ugandans, including children and women, who gained access to improved water services (65 per cent of the annual targeted population).

**CHILD PROTECTION**

>145,000
Adolescents empowered to prevent child marriage.

>500,000
Children who had their birth registered and received birth notifications in 135 hospitals.

**Adolescent Girls National Coordination Framework and Multi-Sectoral C4D Strategy for Adolescent Girls**
Launched in 2018 to improve adolescent programming coordination between sectors and partners.
### Developing & Leveraging Resources and Partnerships

**3,000**
Primary school children who received hearing aids through a partnership between the Ministry of Education and Sports and Starkey Hearing Aid Foundation, facilitated by UNICEF.

### Humanitarian

**375,885**
Refugee and host community children under the age of 15 vaccinated against measles.

**75 per cent**
Cure rate for children with severe acute malnutrition in high-risk districts.

### Advocacy and Public Engagement

**Violence Against Children (VAC) Survey**
Uganda’s first-ever VAC survey, launched in 2018, and used to lead intensive public engagement to end violence against children.

**29 million**
People reached through traditional media, digital platforms and the country office website.

### Operational Support to Programme Delivery

**US$91,000**
Savings made by UNICEF through the installation of a fleet management system on all its vehicles, resulting in reduced fuel consumption.

### Evidence Generation

**Child Poverty and Deprivation in Refugee Hosting Areas Report**
Report launched by the Economic Policy Research Center, the University of Cardiff and UNICEF to strengthen the delivery of integrated humanitarian and development programmes.

**25**
Champions in five companies (Capital FM, NBS TV, Deloitte, NTV, Africell) and one industry association (Federation for Uganda Employers – FUE) supported to operationalize the Children’s Rights and Business Principles (CRBP).
UGANDA HAS ONE OF THE YOUNGEST AND FASTEST-GROWING POPULATIONS IN AFRICA: 57 PER CENT OF ITS CITIZENS ARE CHILDREN UNDER THE AGE OF 18. CHILDREN TODAY STAND A BETTER CHANCE TO LIVE HEALTHY LIVES AND FULFILL THEIR POTENTIAL. BUT THESE IMPROVEMENTS ARE FRAGILE, AND IN SOME CASES, THEY ARE SLOWING DOWN.
PROGRESS AND CHALLENGES FOR UGANDA’S CHILDREN

21.4% of Ugandans live in poverty (2016/17)

Under-five mortality has decreased:
2011: 90/1,000 live births
2016: 64/1,000 live births

Maternal mortality has declined:
2011: 438/100,000 live births
2016: 368/100,000 live births
Institutional deliveries increased from 57 to 73 per cent between 2011 and 2016

Stunting among children under 5 has decreased:
2011: 33% | 2016: 29%

Uganda has developed the Anaemia Prevention and Control Strategy 2017/18–2021/22

Prevention of mother-to-child transmission of HIV coverage:
2011: 50% | 2017: 95%

Safe water coverage has improved:
Rural areas: 65% to 70% over the past 10 years
Urban areas: 66% to 77% over the past 10 years

Net primary school attendance rate:
2016: Girls: 84.1% | Boys: 83.3%

38.9% of girls and 34.3% of boys have access to ECD services (2016)

19.7% of children attend secondary school:
2016: Girls: 19.5% | Boys: 19.9%

Childhood violence is high
Sexual violence
2015: Girls: 35% | Boys: 17%
Physical violence
2015: Girls: 59% | Boys: 68%

CHILD RIGHTS VIOLATIONS AND INEQUITIES PERSIST

55% of children 0–4 in Uganda live in poverty and 24% live in extreme poverty

Neonatal mortality has stagnated at 27 per 1,000 live births

Adolescents (10–19 years) account for 28% of the 7,200 annual maternal deaths

25% of teenagers have had a baby or are pregnant

1.85 million children under 5 are still stunted.

Anaemia is increasing in children under 5 and women:
Children under 5
2011: 49% | 2016: 53%
Women
2011: 23% | 2016: 32%

67,131 children (0–14) are still living with HIV and AIDS

More than 1 in 10 children in rural areas lacks access to a toilet

Disparities in primary school attendance:
Wealthiest children: 89.9%
Poorest children: 75.7%
ECD access is very low in the poorest families: 15%

Disparities in secondary school attendance:
Wealthiest girls: 35.2%
Poorest girls: 4.9%

Child marriage is prevalent
40.4% of women are married before the age of 18
UNICEF works with the Government of Uganda and other partners to progressively realize children’s rights using eight programme approaches. In 2018, despite a challenging environment, significant results for children were achieved through this strategic focus.
Systems and institution strengthening

Guided by its mandate to protect the rights of children everywhere in Uganda, UNICEF intensified its efforts to support the establishment and upgrading of systems that facilitate the delivery of quality services to the most disadvantaged girls and boys.

Systems strengthening is a powerful strategy to improve the quality of social services, increase their coverage and ultimately help children to survive, thrive and achieve their full human potential. It involves a range of integrated actions, from increasing funding for social services, bolstering the capacity of national and sub-national partners, supporting infrastructure development and human resources and improving governance to strengthening procurement and supply systems and increasing community demand for social services. In addition, through the systems strengthening approach, community capacity is built to withstand, absorb, adapt and recover from the impacts of shocks and persistent stress.

REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

In strengthening the national enabling environment for the delivery of reproductive, maternal, newborn, child and adolescent health (RMNCAH) services, UNICEF and partners continued to support reviews of sector plans and systems, leading to programme adjustments such as continued strengthening of district planning for equitable service delivery. District planning processes, which emphasize the use of data and bottleneck analysis for planning, implementation and monitoring, were supported in all districts.

UNICEF systematically supported the improvement of quality of care for RMNCAH through the provision of supplies; scaling up quality of care standards; and upgrades to health infrastructure.

“MIDWIFERY IS ABOUT LIFE OF A MOTHER AND HER NEWBORN BABY. THAT IS WHY I HAD TO RUSH TO HELP EVEN IF I WAS OFF DUTY. IF I HADN’T COME TO HELP MY COLLEAGUE, THIS MOTHER COULD HAVE BEEN DEAD.”

Fausta Abura, a midwife at Lorengchora Health Centre III, Napak District. Abura is a midwife trained in emergency obstetric and neonatal care.
With support from UNICEF and other partners, the Ministry of Health finalized the Community Health Extension Worker (CHEW) strategy, developed a training package and a roadmap, and selected CHEWs from the first wave of districts. The implementation of the CHEWs training is still under discussion at the policy level of the government.

The functionality of all emergency obstetrics and neonatal care signal functions in 335 health facilities was improved, representing 74 per cent of 448 designated facilities in 27 UNICEF-supported districts was sustained.

21 health facilities in Karamoja and eight health facilities in West Nile were supported with upgraded water, sanitation and hygiene (WASH) facilities.

Five district hospitals and four health centres in Karamoja and seven district hospitals and one regional referral hospital in Northern Uganda were upgraded to provide care to sick and small newborns.

The expansion of Integrated Community Case Management to a cumulative total of 25 districts resulted in more than 21,000 village health teams treating children for malaria and pneumonia.

Routine immunization services were strengthened by introducing the Rotavirus vaccine in 128 districts. The provision of essential equipment for 579 health facilities and skills development of 14 regional cold chain management teams helped to improve the capacity of the national cold chain system.

Efforts were made to improve health-seeking behaviour among women who were pregnant and of reproductive age through the use of mobile health technology such as FamilyConnect.

In response to the Ebola outbreak in the Democratic Republic of Congo (DRC), UNICEF supported the development of the National Ebola Virus Disease Preparedness and Response Plan, mobilized resources and helped to implement Communication for Development (C4D) interventions and infection prevention and control through WASH interventions.

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RMNCAH RESULTS FOR CHILDREN

More than 612,000 were reached with Rota1 vaccination and more than 251,000 children with Rota2.

The radio and TV campaign on the introduction of the Rotavirus vaccine reached 51 per cent of listeners and 64 per cent of viewers.

Close to 25 million long-lasting insecticide-treated nets were distributed to all districts, achieving a national coverage of 97.5 per cent by March 2018. As a result, a decrease in malaria cases among children was recorded, from 408 in 2016 to 293 in 2018.

FamilyConnect registered more than 15,000 pregnant women and more than 8,800 women of reproductive age.

Over half a million people, including 200,000 children, were reached in 22 high-risk districts with information on how to prevent Ebola.
HIV/AIDS

Uganda’s concerted efforts in the last five years have resulted in an 18 per cent decline in adult HIV prevalence. The majority (84 per cent) of all Ugandans living with HIV are receiving treatment and the country is on track for pre-elimination of mother-to-child transmission (eMTCT) with certification from WHO. However, despite this progress, the country has a large HIV burden with 1.3 million people living with HIV, and some aspects of HIV prevention programming need to be enhanced.

In 2018, UNICEF supported sector reviews, mechanisms to generate domestic resources for HIV/AIDS and the regional rollout of the Fast-Track approach to end the AIDS epidemic by 2030. Data availability for policy and programming was improved through a review of the Health Management Information System (HMIS), which will lead to disaggregation of HIV treatment data for adolescents.

Adolescents at risk or living with HIV/AIDS benefited from the improved high-quality prevention and treatment services through the development of a peer curriculum on psychosocial support and the sexual reproductive health and rights and HIV integration guidelines.

UNICEF continued to support health system strengthening in both development and refugee settings to ensure that HIV-positive mothers and their exposed infants are retained in care, including the ‘Free to Shine’ campaign championed by Uganda’s First Lady. This resulted in an increased number of facilities providing eMTCT services, reaching 94 per cent of targeted HIV-positive pregnant women with ART. Districts were also supported to implement at least three high-impact gender-responsive adolescent HIV prevention services: HIV testing, eMTCT for pregnant adolescents and ART provision.

HIV/AIDS
RESULTS FOR CHILDREN

In the 37 UNICEF-supported districts, the number of facilities providing ART for children increased from 501 (90 per cent) at the end of 2017 to 553 (99 per cent) in 2018.

The number of facilities providing Option B+ increased from 576 to 594 between 2017 and 2018.

UNICEF and the Uganda AIDS Commission supported advocacy efforts that contributed to Parliament’s commitment of 20 billion Uganda Shillings in the 2018/19 budget to the AIDS Trust Fund. This advocacy was done by engaging Members of Parliament.

DESPITE PROGRESS, THE COUNTRY HAS A LARGE HIV BURDEN WITH 1.3 MILLION PEOPLE LIVING WITH HIV.

1 2017 Uganda Population-based HIV Impact Assessment results
NUTRITION

National capacity and the enabling environment for nutrition have been strengthened over the years, but coverage of high-impact nutrition services needs to be stepped up.

In 2018, UNICEF worked with the Office of the Prime Minister to establish a stronger multi-sectoral nutrition coordination platform. To improve the availability and quality of nutrition analysis, UNICEF, with funding from the European Union, also helped to set up the National Information Platform for Nutrition. HMIS was revised, ensuring that adequate nutrition indicators are integrated into the system.

UNICEF supported forecasting and provision of micronutrients, therapeutic milk and ready-to-use therapeutic foods to national programmes that treated malnourished Ugandan and refugee children. Integrated Child Health Days and routine services delivered vitamin A and deworming medication across the country. Ugandan and refugee children suffering from severe acute malnutrition (SAM) benefited from therapeutic care.

More than 2.6 million children between 6 months and 5 years of age were reached nationwide with vitamin A in the first semester and close to 3.5 million in the second semester.

Vitamin A coverage in the 21 UNICEF-supported districts was at 72 per cent in the first semester and 80 per cent in the second semester, significantly exceeding the national average.

Nearly 220,000 pregnant/lactating women received iron and folic tablets and more than 406,000 caregivers received infant and young child feeding counseling services in 21 UNICEF-supported districts.

More than 23,000 children with SAM received therapeutic care in 21 districts and 10 regional referral hospitals, including close to 12,000 children in refugee-hosting districts.
Coverage of safe drinking water has improved significantly in both rural and urban areas, but the poor infrastructure maintenance is a challenge. Access to basic sanitation is lagging behind, and 7 per cent of the population practices open defecation.

In 2018, UNICEF intensified evidence-informed policy dialogue and provision of technical support to relevant ministries, to strengthen the enabling environment for WASH and to support mobilization of additional resources to the sector.

At sub-national level, UNICEF supported Iganga, Bugweri and Kamuli districts in micro-planning for WASH in School interventions.

UNICEF continued to support improved access to, and quality of WASH services that benefit both girls and boys in communities, schools, health centres and humanitarian contexts. This was done by providing supplies, funds and support for human resources.

Progress was made in improving community sanitation and ending open defecation. A menstrual hygiene management system was introduced in 50 schools. The provision of separate WASH facilities for girls and boys created a conducive learning environment in schools.

To improve norms and behaviour around WASH, UNICEF supported the National Handwashing campaign through the development of banners, flyers, stickers and radio spots. More than 6,000 radio spots were developed in 12 languages and aired on 17 radio stations.

**WASH RESULTS FOR CHILDREN**

- **167 villages were declared and certified open defecation free** (against the annual target of 150).
- **403 out of 400 targeted communities were triggered to improve their sanitation status in UNICEF-supported districts in three regions.**
- **Close to 1,000,000 people** gained access to improved water services through the rehabilitation of existing boreholes and construction of new water systems. This represented 65 per cent of the annual targeted population.
- A menstrual hygiene management system was implemented in **50 schools**.

In humanitarian contexts, **93 per cent of the targeted 133,000 crisis-affected children and adults** were able to get enough water of appropriate quality for drinking, cooking and bathing.

**Nearly half of the targeted 190,000 people in humanitarian situations** were provided with appropriate sanitation facilities.
EDUCATION

While 95 per cent of children have access to primary education in Uganda, low public investment in education and rapid population growth have resulted in declining education indicators. The share of education in the government budget dropped from 13 per cent in 2015 to 11 per cent in 2017 and Uganda’s primary completion rate decreased from 60 per cent in 2001–2005 to about 55 per cent in 2011–2015.

To reverse these negative trends and build a robust education system that gives children the best start in life, UNICEF and partners strengthened capacity for the implementation of the National Integrated Early Childhood Development Policy (NIECD) and Action Plan.

A pool of 30 national and 114 regional trainers was established to roll out key family care practices, an important component of integrated ECD. Working closely with the UNICEF-supported districts, coordination mechanisms for ECD integration were set up in 23 districts. As a result, 23 districts now regularly review the implementation of integrated ECD services.

Using the quality assurance system developed with UNICEF support, the Ministry of Education and Sports trained ECD caregivers, enabling close to a third of ECD centres to achieve national quality standards and 3,173 centres (42 per cent) to integrate services across sectors.

Quality education remains a challenge, but efforts are being made to ensure improvement. UNICEF supported the Quality Enhancement Initiative in targeted schools in the 22 worst performing districts. In total, 4,600 head teachers and school management committee members from 1,425 schools in 19 of the 22 districts were trained on school management and teacher support supervision.

The quality of teaching was strengthened by the launch of the Teacher Incentive Framework in 2018, developed with support from UNICEF and UNESCO. It is anticipated that the framework, together with recommendations from a study on teacher absenteeism in 2019, will address underlying issues causing low teacher motivation.
CHILD PROTECTION

Gender-based violence and violence against children are widespread in Uganda and need to be addressed urgently as part of a child protection system that works on both prevention and response.

There are currently a multitude of initiatives contributing to child protection, but the challenge is to bring them together into a holistic, sustainable and scalable child protection system. In this regard, the most significant result in 2018 was building consensus among a wide range of partners on the importance of having the same government child protection system that is scalable and sustainable in the long term.

This is most clearly illustrated by the Spotlight European Union funding to five UN agencies in Uganda. UNICEF, UNFPA, UN Women, UNDP and UNHCR have all agreed to work together with the government to ensure a well-coordinated effort to strengthen child protection.

Another major result was the strengthening of the enabling environment for child protection through the development of the Children’s Policy and its accompanying implementation plan. The policy and plan address the key findings of the national Violence Against Children Survey with a clear strategy for dealing with the high levels of sexual, physical and emotional violence.

In the area of justice for children, diversion regulations for the police were developed, which allow police to divert children away from the justice system. Support to child justice coordinators sitting in 13 High Court Circuits helped to prioritize diversion and fast track children’s cases.

As a result of UNICEF’s advocacy and capacity building efforts, the Office of the Director of Public Prosecutions established a child-friendly room and held special court sessions for child victims of violence under 10 years of age. The Child Justice Strategy was also finalized, guiding the Justice Law and Order Sector (JLOS) on how to collectively improve justice for children.
To improve prevention of violence and harmful practices against children, adolescents were supported to set up social support mechanisms that increase their ability to fight child marriage and seek relevant services when needed. The rollout of the National Strategy to End Child Marriage and Teenage Pregnancy gained momentum with districts allocating resources to address child marriage in their 2019–2020 budgets. Child protection and life skills services were provided to girls at risk of female genital mutilation/cutting (FGM/C), helping them to avoid this harmful cultural practice. UNICEF continued to support the Uganda Child Helpline, strengthening referral and case management capacity at district level.

Critical child protection support was provided to refugee children from South Sudan and DRC and the drafting of a preparedness plan of action helped to strengthen national capacity and emergency coordination on child protection.

Work continued on system strengthening and institution building for birth registration. UNICEF and The World Bank supported the National Identification and Registration Authority (NIRA) to build a decentralized and simple civil registration and vital statistics system that delivers birth registration and certification services through the health and local government infrastructure. NIRA agreed to model the decentralized system in partnership with UNICEF in eight districts over the next two years. Birth registration services and the use of the Mobile Vital Records System were scaled up from 87 to 90 districts.

**Gender-based violence and violence against children are widespread in Uganda and need to be addressed urgently as part of a child protection system that works on both prevention and response.**
Advocacy and public engagement

Concluding an extensive two-year ECD campaign, 2018 marked a shift in UNICEF’s public advocacy and engagement focus from ECD to adolescent empowerment, especially related to the implementation of the National Multi-Sectoral Communication for Development (C4D) Strategy for Adolescent Girls.

A milestone was the launch of Uganda’s first-ever national Violence Against Children survey, which led to an intensive public engagement effort on violence against children. Through the initiative, stakeholders and the public were provided with an opportunity to share their opinions and experiences of violence against children to spark debate on curbing the practice.

To strengthen its engagement with external stakeholders within and outside Uganda, UNICEF was among the pilot country offices for the Digital Transformation Project that saw the country office’s new external website designed, populated with content and ready-to-launch in 2019. The external website will become a one-stop centre for information on children, including key practices that families should adopt to improve the well-being of their children.

PUBLIC FINANCE FOR CHILDREN

The Uganda Equity Atlas was launched in 2018. The Atlas supports the government’s efforts to monitor the effective delivery of national programmes affecting children. UNICEF also spearheaded the development of a series of social sector budget issues papers. Together with UNICEF’s annual budget briefs, which examine spending and allocation trends in wide array of social sectors, the budget issues papers played an important role in building a coherent advocacy message to inform budgeting strategies at both national and local government levels. In this regard, UNICEF also facilitated three regional planning and budgeting workshops to help districts to prepare high quality submissions into the 2019/20 budget cycle.

“The consequences of violence on its survivors are devastating, increasing negative outcomes such as mental illness, sexually transmitted diseases and contemplations of suicide. Indeed, violence against children affects the entire society.”

Janet Mukwaya, Minister of Gender, Labour and Social Development while launching the Violence Against Children Survey.
UNICEF intensified evidence-informed policy dialogue and provision of technical support to relevant ministries to strengthen the enabling environment for WASH and to support mobilization of additional resources for the sector.

An UNICEF-supported analysis revealed that the slow rate of improvement in sanitation stems from reduced funding and the absence of a clear policy stance to tackle the issue effectively across sectors. If not addressed, these challenges are likely to further exacerbate operations and maintenance of water sources and reduce already scarce resources for sanitation.

The findings of the UNICEF-supported Value for Money Study to assess the effectiveness and efficiency of the district sanitation and hygiene conditional grant will feed into the review of the national guidelines in this area.

**SOCIAL PROTECTION FOR GIRLS**

UNICEF leveraged its comparative advantage to generate evidence and advocate for the development of an inclusive and child-sensitive national social protection system. To this end, UNICEF and Kampala Capital City Authority began developing an urban social protection programme harnessed on social and economic inclusion, and protection, of adolescent girls in Uganda’s capital.
To make the greatest impact on the lives of children, UNICEF collaborates with a wide range of partners across all its programmes. Strategic partnerships are fundamental to improving outcomes for children and women in the country. The partnership highlights of 2018 include the following:

- 3,000 primary school children received hearing aids through a partnership between the Ministry of Education and Sports and Starkey Hearing Aid Foundation, facilitated by UNICEF in its role as coordinating agency for the Global Partnership for Education.

- The Child-to-Child approach and provision of assistive devices under the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) provided good models for educational programmes that serve children with disabilities. Under UNPRPD, a partnership with Kyambogo University is helping to remodel accessible learning materials.

- Provision of education for refugee girls and boys was bolstered through funding from Education Cannot Wait, facilitated by UNICEF which is part of the steering committee set up to implement the Education Response Plan for Refugees and Host Communities.

- UNICEF started to build an investment case for the involvement of adolescents and young people in ECD provision as a social enterprise under Generation Unlimited, a global partnership to provide education, learning, training and employment to adolescents and young people.

- A partnership with the Uganda National NGO Forum is helping to strengthen civil society’s engagement on child rights.

- Collaboration with the Inter-Religious Council of Uganda, Uganda’s apex body for all faith-based organizations, is helping to accelerate behaviour and social norm change.
Nine national media agencies and 11 regional media outlets were brought on board to raise public awareness and engagement on key issues affecting children such as violence. Through media partnerships, UNICEF messages reached over 15 million people.

As part of UNICEF’s strategic partnership with Uganda’s private sector apex body, Private Sector Foundation Uganda, UNICEF continued to co-create its innovative financing Endowment Fund concept. The fund has evolved into a blended finance facility concept to skill young people to set up and manage ECD centres and contribute to reducing multi-dimensional child poverty.

TO MAKE THE GREATEST IMPACT ON THE LIVES OF CHILDREN, UNICEF COLLABORATES WITH A WIDE RANGE OF PARTNERS ACROSS ALL ITS PROGRAMMES.
Harnessing the power of business

Businesses interact with children on a daily basis and have a crucial role to play in advancing children’s rights.

In 2018, UNICEF worked with the Ugandan private sector to influence the products and services available to address programmatic needs in the country.

- In nutrition, as the main purchaser of ready-to-use therapeutic food in the country, UNICEF actively worked with two local companies that have expressed interest in supplying this product.
- An innovative project, aimed at co-creating more suitable multi-purpose tents with industry, was piloted in the Bidibidi refugee settlement in Yumbe district. Uganda is a large user of tents for education and child protection services in the humanitarian contexts and will benefit from a product that is better suited to local conditions.
- As Uganda is one of the countries participating in the Gavi initiative on cold chain equipment optimization, UNICEF procured 391 solar refrigerators through this initiative, which were installed in health facilities throughout the country and contributed towards a more sustainable cold chain for the immunization programme.

Twenty-five champions in five companies (Capital FM, NBS TV, Deloitte, NTV, Africell) and one industry association (Federation for Uganda Employers – FUE) were supported to operationalize the Children’s Rights and Business Principles (CRBP) in 2018.

Two out of the five companies conducted detailed impact assessments of their internal business processes against the CRBP criteria, identifying areas of potential modification to better protect and promote child rights. UNICEF also engaged the Uganda Chamber of Mines and Petroleum in exploratory discussions around CRBPs and the innovative financing agenda.

UNICEF continued its strategic engagement with the National ICT Authority Uganda (NITA-U) to support the transfer of UNICEF-supported ICT innovations to the government. UNICEF leveraged its authority with Uganda’s ICT industry to negotiate significant reductions of SMS and URL rates for public good e-services to enable national scale up and sustainability. The public-private partnership negotiations are expected to yield up to 40 per cent reduction in rates by mid-2019, and even lower rates by end-2019.

"WE AS THE PRIVATE SECTOR NEED TO STEP UP OUR GAME IF WE ARE TO BE RELEVANT. ARE WE STEPPING UP TO THE CHALLENGES OF THE CHILDREN OF UGANDA? WE MAY NOT MOVE THE MOUNTAIN IN A DAY, BUT WE CAN BEGIN CHIPPING AWAY AT IT…ONE STEP AT A TIME.”

Patrick Bitature, Chairman Private Sector Foundation Uganda, addressing senior business executives to introduce UNICEF’s innovative financing concept.
UN working together

Children have multiple and overlapping needs, which need to be addressed across many sectors and through the collaborative effort of UN agencies. As a key member of the UN family, UNICEF is working with other UN agencies in Uganda to deepen analysis, expand knowledge sharing, reinforce synergies and sharpen the focus on results for children.

SHAPING UN REFORM
The UN Country Team (UNCT), with strong UNICEF participation, is actively engaged in shaping the UN reform agenda in Uganda, which aims to improve the overall performance of the UN system at the country level. In 2018, the governance and accountability structure of the UNCT was simplified and UN heads of agencies and their deputies took part in an innovative leadership lab training for Sustainable Development Goals (SDG) implementation.

Based on its mandate, UNICEF continued to play an active role in the implementation of the United Nations Development Assistance Framework (UNDAF), co-leading the human capital development pillar and chairing the education and social protection outcome results groups, as well as co-chairing the group on gender-based violence/violence against children.

In 2018, UNICEF participated in the mid-term evaluation of UNDAF 2016–2020 and will play an active role in implementing the recommendations that aim at strengthening the position and work of the UN in Uganda.

UN COORDINATION
When different agencies of the UN system act together, they can deliver greater results—and maximize the use of scarce resources. This was evident in the Ebola prevention response in 2018, where WHO, UNICEF and others delivered effective prevention activities in a coordinated manner.

The refugee response was strengthened through the signing of a letter of understanding between UNICEF and UNHCR, which outlined responsibilities and joint areas of work and opportunities in assisting refugee children and families.

“OUR COMMITMENT TO THE ADOLESCENT GIRL AGENDA MUST CONTINUE BEYOND THE COMMEMORATION OF THE INTERNATIONAL DAY OF THE GIRL CHILD. GOING FORWARD, WE SHOULD HOLD EACH OTHER ACCOUNTABLE ON DELIVERING THE CHANGE WE HAVE COMMITTED TO. THE UN FAMILY WILL CONTINUE TO SUPPORT THE GOVERNMENT OF UGANDA TO BUILD TECHNICAL CAPACITY, AND TRACK AND ENSURE ACCOUNTABILITY OF THE OVERALL RESPONSE.”

Rosa Malango
UN Resident Coordinator in Uganda speaking at the 2018 International Day of the Girl Child
Together with the Resident Coordinator’s Office, UNFPA, UNDP, UNWomen and UNHCR, UNICEF developed the Spotlight Initiative, contributing to district protection systems strengthening for preventing and responding to violence against children and gender-based violence. UNICEF and UNFPA also jointly work together to prevent and respond to harmful practices such as FGM/C, child marriage and teenage pregnancies. UNICEF and WFP also secured substantial multi-year funding from the UK’s Department of International Development (DFID) for joint nutrition programming with WFP in Karamoja.

**TAKING BETTER ADVANTAGE OF UN PROCUREMENT**

UNICEF took the lead to convene, jointly with other UN agencies, its supplier base in Uganda in a procurement seminar involving more than 300 suppliers. The event focused on increasing awareness of UN procurement, the role the private sector can play to support the SDG UN Compact, and the expectations from UN vendors when it comes to ethics and protection against sexual violence and abuse.
Fostering innovations

UNICEF is known for promoting innovations that increase the effectiveness and efficiency of public sector programme delivery. Innovative use of technology in development has been up-scaled in evidence-informed planning and management, service provider-community linkages and digital learning.

In 2018, UNICEF continued to foster technological innovations in children’s education. Kupaa, an innovative software for the digitization of school administrative and management data developed in partnership with Master Card Labs, enhanced school management in 313 schools and benefited 157,395 students, 112,733 guardians and 4,520 teachers. Another innovation – the Kolibri digital learning platform – brought knowledge of science, technology, engineering and maths (STEM) subjects and life skills to 6,000 adolescents. A third innovation on the adaptation of the curriculum into accessible formats for children with disabilities in 20 schools at Primary 4 and Primary 6 levels was implemented and will be evaluated in 2019.

“Technology is a tool that has the potential to elevate millions of young people out of marginalization and poverty. It empowers girls and boys with previously unavailable information, new networks and channels to learn and develop 21st century skills.”

Yasmine Sherif, Director for Education Cannot Wait as quoted in a blog by UNICEF and Education Cannot Wait.
Evidence generation

UNICEF works to harness the power of evidence as a driver of change for children. Evaluations, research and data are all key elements of sound programming, advocacy, partnership building and ensuring broad public and political support. In 2018, UNICEF continued to make use of a multi-pronged approach to foster a culture of evidence-based decision making in Uganda.

During the year, the Economic Policy Research Center (EPRC), the University of Cardiff and UNICEF launched the Child Poverty and Deprivation in Refugee Hosting Areas report to reinforce UNICEF and national efforts to strengthen the humanitarian-development continuum.

UNICEF successfully completed a fiscal space and political economy analysis, as well as a clear articulation of the social policy outlook. A demographic dividend analysis was launched to better understand Uganda’s prospects of increasing employment and improve the labour market prospects for younger working-age people, including adolescents and the youth.

The Ugandan statistical system was strengthened through support to the Uganda Bureau of Statistics (UBoS). UBoS was able to collect and disseminate additional data on child rights and SDGs through several research and launch events:

- A child-focused Census report and equity analysis, which presented highly disaggregated data on child rights and adolescents;
- Dissemination of the Uganda Demographic and Health Survey (UDHS) 2016/17, which included a full day on survival and development indicators such as child health, child discipline and ECD;
- The launch of the Uganda first-ever Child Functioning and Disability Survey report.

“IT IS OUR WISH THAT ALL THE GOVERNMENT AGENCIES TO WHOM RECOMMENDATIONS HAVE BEEN MADE TAKE ACTION ACCORDINGLY SO THAT UGANDA’S LEGISLATION CAN ENHANCE THE RESPECT FOR HUMAN RIGHTS, PARTICULARLY THE PROTECTION OF THE RIGHTS OF CHILDREN.”

Mr. Med Kaggwa, the Chairperson of Uganda Human Rights Commission, speaking at the launch of the assessment of how Uganda is implementing its commitments to the Convention of the Rights of the Child, which Uganda ratified in 1990.

| 3.5 per cent | children aged 2–4 years have a disability |
| 7.5 per cent | children aged 5–17 years have a disability |
| 38% of female children with disabilities experience sexual violence |
| 1 in 5 people with disabilities cannot access information in formats that she/he could read |

To help government become more effective in delivering services for children and families, UNICEF provides operational support to enhance governance and implementation of public policies and programmes.

**SUPPLY**

Strong and efficient health supply chains are the backbone for delivering essential supplies for children. UNICEF works with the government and partners to strengthen national health and nutrition supply chains by improving alignment, capacity and sustainability.

In 2018, UNICEF participated in the Ministry of Health’s National (Health) Supply Chain Assessment (NSCA), which provided a valuable platform to coordinate the contributions from partners to the supply chain strengthening agenda. In addition to providing technical assistance in specific supply chains where UNICEF plays a prominent role (immunization and nutrition), NSCA should also set the basis for the development of a national supply chain strategy in 2019/2020.

A framework for nutrition supply chain integration was developed and the gains in the immunization supply chain were maintained. In addition, significant efforts were made to increase advocacy and provide operational solutions to supply financing issues, especially for traditional government-funded vaccines.

**COMMUNICATION FOR DEVELOPMENT**

C4D addresses the demand aspects of programmes, helping children, adolescents and families identify problems in their lives, propose solutions and act upon them. UNICEF supports key government ministries to strengthen their C4D systems and works with implementing partners and adolescents to implement C4D interventions across the country.

“I MADE SURE THAT EVERY DAY I PREPARE PORRIDGE AND MIX IT WITH THE POWDER. SLOWLY BUT SURELY, MY SON’S IMMUNITY WAS BOOSTED, AND HIS APPETITE IMPROVED. HE LIKED THE POWDER VERY MUCH. HE CONSUMED IT FOR FOUR MONTHS FOR HIS RECOVERY.”

Samira Agua from Yumbe District, Northern Uganda, describes how her 2-year-old son’s health improved after treatment for malaria and supplementation with Vitamin and Mineral Powder (VMP), which is rich in iron, magnesium and folic acid.
In 2018, UNICEF introduced C4D Learning Labs for partners in 2018, which supported 297 officers from implementing partners and supported districts to apply global C4D standards and the Socio-Ecological Model to the planning, implementation and monitoring of C4D interventions using different platforms including in- and out-of-school clubs.

Adolescents and young people were empowered to become stronger agents of change, helping to promote education and adolescent rights and responsibilities. UNICEF supported communication campaigns to reduce the risk of Ebola transmission in 22 high-risk districts and to promote the uptake of the Rotavirus vaccine across the country.

### KEEP COMMUNITIES SAFE FROM EBOLA

**Over 500,000 people**, including 200,000 children, were provided with vital information on how to prevent infection with Ebola through house-to-house campaigns.

**430,000 people**, including 170,000 children, benefitted from Ebola prevention messages via 8,500 community dialogues; radio spots and talk shows broadcast on 21 radio stations in 28 districts; 720,000 posters and 880,000 flyers; and the orientation of 250 community influencers.

**U-Report messages on Ebola** reached more than 350,000 U-Reporters.

### MEDIA PARTNERS WITH UNICEF TO PROMOTE LIFE-SAVING PRACTICES

**52% of listeners** where reached with messages on Integrated Child Days on 23 radio stations.

**20 radio stations and three TV stations** broadcast spots on the importance of vaccination against Rotavirus, an infection that causes diarrhoea, reaching 51 per cent of listeners and 64 per cent of viewers.

**17 radio stations broadcast spots** on the life-saving practice of hand washing with soap.

**20 radio stations** broadcast messages on breastfeeding.

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**MORE THAN 17,000 ADOLESCENTS** were reached with information and more than 3,000 stakeholders mobilized to support *Go Back to School* campaigns.

Close to **1,800 adolescents** returned to school and more than **6,000 boys** were engaged to champion girls’ education.

**More than 31,300 in-school adolescents** benefited from improved knowledge on their rights and responsibilities, and prevention and response to violence and menstrual hygiene management.

UNICEF demonstrated national leadership of *Uganda’s C4D Ebola response* as UNICEF co-led on Risk Communication and Social Mobilization (RCSM) to support 22 high-risk districts to develop RCSM plans and budgets.

**The Adolescent Girls National Coordination Framework** and **Multi-Sectoral C4D Strategy for Adolescent Girls** were launched in 2018.
Humanitarian response

Uganda is one of the largest refugee-hosting countries in the world, with close to 1.1 million refugees registered in 2018. Refugees continue to arrive on a regular basis, and more than 1 million South Sudanese, 600,000 Congolese and 40,000 Burundian refugees are expected to be in the country by 2020. This vast influx of refugees is due to several factors in Uganda’s neighbouring countries, especially war and violence in DRC and South Sudan, and economic and political crises in the region.

Despite the large caseload, Uganda continues to implement one of the world’s most progressive and generous refugee law and policy regimes where attention is paid to the needs of both refugees and host communities.

The conditions for refugees and their hosts, however, remain challenging. Children make up 60 per cent of refugee and host community populations, but many lack access to essential services and are facing family separation, physical, sexual and gender-based violence, psychosocial distress and child labour.2

“WE NEED TO GO BEYOND THE EMERGENCY RESPONSE TO BUILD THE SYSTEMS AND CAPACITIES OF ALL SOCIAL SERVICES IN REFUGEE HOSTING DISTRICTS. ONLY BY DOING SO – WITH HEALTH, NUTRITION, EDUCATION, WATER, SANITATION, AND CHILD PROTECTION SERVICES, AMONG OTHERS – WILL WE REDUCE THE MULTIPLE DEPRIVATIONS EXPERIENCED BY TENS OF THOUSANDS OF REFUGEE CHILDREN AND CHILDREN IN HOST COMMUNITIES.”

Dr. Doreen Mulenga, UNICEF Representative in Uganda as quoted in a press release issued ahead of the launch of the Child Poverty and Deprivation in Refugee Hosting Areas report in Kampala.

2 UNHCR, Uganda Refugee Response Plan 2019–2020
Children are also disproportionately affected by other emergencies. Outbreaks of communicable diseases such as cholera, measles and hemorrhagic fevers have been on the rise. Ebola remains a significant risk following the outbreak of the disease in neighbouring DRC in August 2018.

In Uganda, sustainable humanitarian response solutions to chronic displacement are part of the national response. In coordination with the government, UNHCR, WFP and implementing NGO partners, UNICEF links development and humanitarian programming through its engagement at district level. Uganda is one of the pilot countries for the Comprehensive Refugee Response Framework, which establishes a foundation for stronger collaboration between humanitarian and development partners.

In 2018, UNICEF helped to strengthen integrated service delivery for refugees and host communities, including by supporting district local governments to develop risk-informed plans that help the authorities to better prepare and respond to refugee arrivals, among other shocks. UNICEF also successfully launched its first version of the online Emergency Preparedness Platform that will be regularly updated in 2019.

To prevent and respond to disease outbreaks, UNICEF supported national contingency planning and response efforts. A three-year emergency stand-by partnership with the Uganda Red Cross lent additional humanitarian response capacity, especially in C4D activities for the Ebola response.

Although UNICEF planned to support 13.5 per cent of the overall refugee response needs in 2018, it faced severe underfunding, with only 43 per cent of its appeal of US$66.1 million funded. However, UNICEF was able to reach an average 41 per cent of its targets during the year, a good result given the great humanitarian needs. The success in reaching children and women affected by crisis was largely due to UNICEF’s ability to leverage its resources that are used for regular development programming in the 11 refugee-hosting districts.

### HUMANITARIAN RESPONSE RESULTS FOR CHILDREN

- **4,418** out of the targeted **3,513** emergency-affected HIV-positive children were reached with ARV treatment.
- More than **1.2 million people** (77 per cent of the target) were reached with key life-saving and **behaviour change messages** on public health risks.
- **Measles vaccination** was given to **375,885** children between 6 months and 15 years of age (48 per cent of the target).
- **High-risk districts** successfully maintained a cure rate for children with **SAM** above 75 per cent.
- **4,720** out-of-school adolescents in refugee-hosting districts were re-enrolled in **technical training** programmes and accelerated education.
- More than **90,00 refugee children** received psychosocial support.
- Close to **4,000 unaccompanied and separated children** were provided with appropriate **alternative care services**.

### Source:

## Finances

### DONOR CONTRIBUTIONS, 2018, US$

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<tr>
<th>DONORS</th>
<th>UTILIZED</th>
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<td>BELGIAN COMMITTEE FOR UNICEF</td>
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<td>GLOBAL - EDUCATION</td>
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<td>GLOBAL - HIV AND AIDS</td>
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<td>SWEDEN</td>
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<td>UNICEF (FOR GR ALLOCATIONS ONLY)</td>
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<td>USA USAID</td>
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<td>WFP - ITALY</td>
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<td><strong>TOTAL</strong></td>
<td><strong>62,026,316</strong></td>
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## PROGRAMME BUDGET, 2018, US$

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<th>OTHER RESOURCES REGULAR</th>
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<td>TOTAL</td>
<td>638,991</td>
<td>16,809,030</td>
<td>24,022,534</td>
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# Acronyms

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>CRBP</td>
<td>Children’s Rights and Business Principles</td>
</tr>
<tr>
<td>CRC</td>
<td>Committee on the Rights of the Child</td>
</tr>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>eMTCT</td>
<td>Elimination of Mother-to-Child Transmission</td>
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<td>EPRC</td>
<td>Economic Policy Research Council</td>
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<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<tr>
<td>JLOS</td>
<td>Justice, Law and Order Sector</td>
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<td>NIECD</td>
<td>National Integrated Early Childhood Development</td>
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<td>NIRA</td>
<td>National Identification and Registration Authority</td>
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<td>NSCA</td>
<td>National Supply Chain Assessment Tool</td>
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<tr>
<td>RMNCAH</td>
<td>Reproduction, Maternal, Newborn, Child and Adolescent Health</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>UBoS</td>
<td>Uganda Bureau of Statistics</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDAF</td>
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<td>United Nations Development Programme</td>
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